

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90116 009 ****61.25

DEBBIE-RAND MEMORIAL SERVICE LEAGUE, INC.
BOARD OF TRUSTEES
1998 - 1999

ADDITIONS TO BLOCK 12

TR

Sally Brisker
7146 Ayrshire Lane
Boca Raton, Florida 33496

TR

Eleanor Burns
3050 N.E. 48th Court #101
Lighthouse Point, Florida 33064

TR

Gus Vazac
1049 N.E. 33rd Street
Eft. Lauderdale, Florida 33334

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

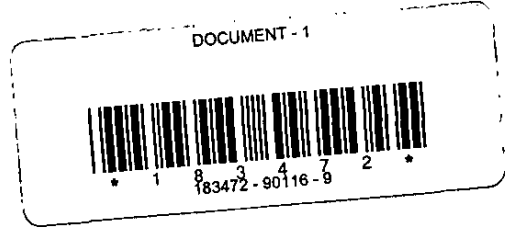


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704556

1. Corporation Name

DEBBIE-RAND MEMORIAL SERVICE LEAGUE, INC.



Principal Place of Business
800 MEADOWS RD.
BOCA RATON FL 33486-2304

Mailing Address
800 MEADOWS RD.
BOCA RATON FL 33486-2304



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/21/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1055553	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28			
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KOVAL, CHARLES 800 MEADOWS ROAD BOCA RATON FL 33486				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	V/TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERTZ, MARGE	1.2 NAME	MARGARET STEIN
STREET ADDRESS	17263 BOCA CLUB BLVD #2	1.3 STREET ADDRESS	7710 LAKESIDE BLVD. #G-104
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	BOCA RATON, FL. 33434
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHTHOLD, JUNE	2.2 NAME	
STREET ADDRESS	1629 RIVERVIEW RD #621	2.3 STREET ADDRESS	1026 S.E. 7th Ct.
CITY-ST-ZIP	DEERFIELD BCH FL 33441	2.4 CITY-ST-ZIP	
TITLE	TTR <input type="checkbox"/> DELETE	3.1 TITLE	V/TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY HOLMES	3.2 NAME	ARTHUR UPTON
STREET ADDRESS	19824 BOCA GREENS DR	3.3 STREET ADDRESS	600 S. OCEAN BLVD. #604
CITY-ST-ZIP	BOCA RATON FL 33498	3.4 CITY-ST-ZIP	BOCA RATON, FL. 33432
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	WILLIAM SCHENDEL
STREET ADDRESS		4.3 STREET ADDRESS	5604 WIND DRIFT LA
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL. 33433
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ROBERT HARBOUR
STREET ADDRESS		5.3 STREET ADDRESS	3301 SPANISH TRAIL #A-104
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DELRAY BEACH, FL. 33483
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JANE MAESEL
STREET ADDRESS		6.3 STREET ADDRESS	224 N.E. 3RD CT.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BOCA RATON, FL. 33432

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret Stein* Pres. 2/16/99 (516) 393-4098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0047512

CR2E037 (1/198)